Care Management Project
Representative Steering Committee
Meeting Notes of September 14, 2009

Present:

Jim Walsh and Janet Sherer	Springfield Hospital
Nick Emlen	Vermont Council
Anne Donahue	
Paul Landerl	CRT Council
Jeff McKee	Rutland Regional Medical Center
Peter Thomashow	Central Vermont Medical Center
Jay Batra	Vermont State Hospital
Stuart Graves	Washington County Mental Health
Cindy Thomas	Office of Vermont Health Access
Linda Corey	Vermont Psychiatric Survivors
Todd Centybear	HowardCenter
Andy Lowe	Agency of Human Services, IT Unit
Tom Simpatico	University of Vermont, Dept. of Community Psychiatry

Participating by phone:

Todd Mandel	Alcohol and Drug Abuse Programs, Department of Health
Jill Olson	Vermont Association of Hospitals and Health Systems
Erin Armstrong	Northwest Counseling and Support Services
Mary Moulton	Washington County Mental Health
Jeff Rothenberg	Clara Martin Center
Terry Rowe	Vermont State Hospital
Ed Haak	Vermont Emergency Department Directors

Department of Mental Health Staff:
Michael Hartman, Beth Tanzman, Bill McMains, Michelle Lavallee, Judy Rosenstreich, Kevin McKivergan

Introductions

Bill McMains, committee chair, opened the meeting and asked people to introduce themselves, indicating whether they represented a stakeholder group. Few if any felt that they had the authority to speak for a constituency. In discussion that followed, ways to achieve the concept of representation remained an open question. While some groups can more easily be represented, giving voice to others was deemed more challenging. The dilemma of what organizational configuration would enable the steering committee to represent a broad and diverse array of perspectives was not resolved.

Overview of Report on Clinical Services Design

Beth Tanzman oriented the group to the care management consultants' report, issued in May 2009, providing the context of the work that is a core component of the Futures plan. She highlighted two of the principles on which the care management system would

be developed, the first that no external entity could make treatment decisions and the second that the movement of clients through the system of care would be self-governing, not centrally managed. Recommendations include developing a referral and placement process using a bed availability tool and level of care guidelines, family and consumer involvement in care planning and treatment decisions, medical necessity criteria, and system performance monitoring.

The report is a set of draft recommendations, a platform for continuing the work that began with the Futures care management work group that developed a set of principles for moving clients through the system of care[1], followed by the consultants' interactions with the care management steering committee, and issuance of their report in May of this year. Moving ahead with the micro aspects of recommendations through commissioning of work groups to address system operations concerns while beginning to develop the new steering committee would build sequentially on the recommendations in the report. Beth recommended focusing efforts on work groups in some of the areas that were discussed last spring like the LOCUS and an electronic bed board. In addition, the emergency department physicians reached consensus on medical clearance guidelines.

Role and Structure of Representative Steering Committee

The steering committee's role in overseeing development of the care management system and its composition, frequency of meetings, and relationship to the work groups were all subjects of discussion. Participants in this first meeting anticipated that as they gain a better understanding of the work groups and role of the steering committee, it may become easier to sort out who should take part on behalf of their organization. Others suggested that the work groups deal with issues at a technical level, referencing the IT applications involved in a bed board, and leave to the steering committee the broader issues of governance and policy. Still others were skeptical about the viability of the representational model and its implementation. There was a consensus, however, that the work groups should move forward and that the larger steering committee would meet to discuss this work and offer feedback.

Work Groups

Draft charge statements for three work groups were distributed: Bed Board, Medical Clearance, and LOCUS. The Bed Board Work Group was the first to be formed and much discussion ensued in response to its report to the steering committee. Andy Lowe and Tom Simpatico from the group's IT subcommittee addressed the technical aspects of how a bed board may function. Michelle Lavallee distributed a list of requirements that the work group has generated, stating that the type of bed board envisioned would be a major step forward in reducing the time involved in finding a bed. The need for peers to be part of the work group process was emphasized by several people, noting that they are the people who have had to wait in emergency rooms for referral to appropriate, available resources. Michael Hartman agreed that all work groups should have peers and family members regardless of the topic. Many questions surfaced about the bed board: How will it be governed? What will make it work? What are the requirements to make it

[1] *Principles that Guide the Movement of Clients through the System* (September 2006)

operational? What will motivate hospitals to keep it current? Does substance abuse also need to be included? How about continuity of operations planning should the computer fail? What are the core quality indicators in the product that indicates it is working?

Also of concern was having a process for putting out planning designs for system changes, such as the bed board, setting a comment period to allow for feedback to the steering committee, and having the discussion with stakeholder input and work group recommendations at the steering committee level.

Wrap Up

The meeting adjourned with the understanding that the work we started on Bed Board, Medical Clearance, and LOCUS would continue and meeting notes would be distributed to the Steering Committee. The steering committee will meet quarterly or when there is work to report on and consider. A January meeting is likely and notice will be sent to all groups since there is no identified membership *per se* of representatives of the agencies, organizations, and stakeholders of the mental health services system.

The meeting adjourned at 2:00 p.m.

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